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ABSTRACT

Child care licensing is a consumer protection responsibility of each state. Each licensing standard establishes a right that children and parents in private early care and education programs have in that state. Because each state sets its licensing standards at a level its citizens agree to support, child care differs dramatically among states. This report compares state child-staff ratio and group size requirements in child care licensing and examines changes from 1989 to 1996. The National Day Care Study (1979) found that low child-staff ratios have positive effects on children's test scores, child behavior, and staff behavior and influence child care costs directly. Infant-staff ratios also affect quality strongly. Ratios may vary widely among states because of differences in measurement techniques. Best practice ratios recommended by the American Academy of Pediatrics and the American Public Health Association range from 3:1 for birth to 12 months to 12:1 for 9- to 12-year-olds. Group size also influences child and staff behavior; best practice figures range from eight infants in a group up to 12 months, to 24 school-age children in a group. Results of this national study indicate that for 9-month-olds, more than half the states set a ratio of 4:1, with few changes since 1989. For 18-month-olds, only 26 states have ratios of 5:1 or lower, with no change since 1989. For 3-year-olds, 20 states set a ratio of 10:1 or lower, with little change since 1989. A table delineates the child-staff ratios and group size by state for 9-, 18- and 36-month-olds for 1989 and 1996. (KDFB)

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Child:Staff Ratios and Group Size Requirements in Child Care Licensing

A Comparison of 1989 and 1996

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About The Center

Founded at Wheelock College in January, 1991, The Center for Career Development in Early Care and Education strives to improve the quality of care and education for young children by creating viable career development systems for practitioners. The multi-faceted activities of The Center are designed to help states and localities bring about systemic change to replace the fragmented system of training that now exists. The Center is the vehicle through which Wheelock, in partnership with other national organizations and government policy-makers, stimulates and further develops the concept of a dynamic career development system.

The Center's current activities include:

- **Technical assistance:** The Center provides assistance to states, community groups, and higher education institutions on all aspects of planning and implementing career development systems in early care and education. In January 1994, The Center launched *Partners in Change* (PIC), a four-state initiative designed to facilitate the creation of early care and education career development systems in these states and to generate models to benefit other states.

- **Training:** The Center cultivates the strengths of communities by offering advanced seminars in early care and education leadership, program, and policy issues, both at Wheelock College and in field locations. The Center also encourages local involvement in training early care and education leaders by offering the seminars in collaboration with other colleges and organizations.

- **Research:** The Center collects and analyzes data on: state licensing standards that effect quality, including practitioner qualifications and training; early childhood teacher certification standards; and emerging initiatives and promising practices at the state and local levels. Higher education issues are key to The Center's research agenda; data is currently being analyzed and a new project to study the content and demographics of higher education programs in early care and education is planned.

- **Publications:** The Center develops and publishes concept and planning papers, research reports (e.g., *Making A Career Of It: The State of the States Report on Career Development in Early Care and Education*), and technical assistance documents designed to support state and local efforts in career development planning (e.g., *Action Packs*). The Center publishes the writing of others working on similar issues.

- **Information dissemination:** The Center serves as an information resource on state policy development; data on licensing and other state practices; higher education issues; and programs developed at the local, state, and national levels.

- **Collaboration:** The Center works with other national organizations to influence policy and develop program and funding strategies in career development.

Child:Staff Ratios and Group Size Requirements in Child Care Licensing
A Comparison of 1989 and 1996

Child care licensing is a consumer protection responsibility of each state. Each licensing standard establishes a right that children and parents in private early care and education programs have in that state. As such, it is a legal requirement, not a goal to be pursued. Failure to be licensed is usually a criminal offense, and failure to comply with licensing requirements carries penalties including loss of the license. The purpose of licensing, however, is not to close down programs, but to achieve compliance with the state's regulations.

Without such government regulation, children would be at risk of harm. Child care licensing protects children from the following types of harm:

- fire
- unsafe buildings and play equipment
- injury
- disease
- developmental impairment of any kind

Each state sets its licensing standards at a level that its citizens agree to support as necessary. A democratic process, standard-setting involves representative task forces and public hearings. No two states are alike in their decisions on what to regulate, how to regulate it, and what level of quality to require.

Due to these differences, the world of child care is dramatically different from one state to another. While good programs can and do exist in every state, some states establish minimum regulatory standards for the lowest acceptable level that are far below what other states consider acceptable. Since cost and quality interrelate, the price parents pay for child care is very different, depending on geography. Providers trying to provide care of adequate quality can be undercut on fees in states that permit very low quality.

To get an accurate picture of licensing regulations across the country at any given moment, it is important to look at the standards set by each state in its licensing regulations. As part of its work on training and career development, The Center is collecting data on licensing regulations. In this packet, we present comparative data on state's ratios. We also indicate how ratios have changed from 1989 to 1996.

In this paper we present a comparison of child:staff ratio and group size requirements in child care centers from 1989 to 1996. First, we look at ratio requirements and provide some background information about the importance of ratios to the quality of child care programs. This is followed by a similar analysis of group size requirements.

Child:Staff Ratios: Their Effects on Quality

The maximum number of children permitted per classroom staff member is called the child:staff ratio and is expressed in ratio form, e.g. 6:1. Small numbers of children per staff would be called

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low ratios. In general, states use an "observed" ratio, rather than an "enrolled" ratio, meaning that there must be no more than the prescribed number of children at the center at the time that the licensing offices choose to make an unannounced visit.

Ratios have been shown by many studies to be an essential regulatable characteristic for the prevention of harm to children in child care. The National Day Care Study (1979) found that low child:staff ratios have positive effects on children's test scores, child behavior, and staff behavior. Ratios also have a direct effect on child care costs.

Infant ratios have been found to affect quality strongly. Most experts fear that infant development will be impaired if more than four infants are permitted per caregiver. It is interesting to note that many states did not permit infants in center care at all during the 1960's. In 1989, there was still one state (Hawaii) that prohibited center care for children under two years of age, but now all the states permit and regulate infant/toddler care in centers. When the states that had previously prohibited infant/toddlers from center care began to add infant requirements, they set stringent infant:staff ratios, reflecting research findings on the importance of ratios.

States that had permitted infants in care prior to the 1960s had serious difficulties in changing ratios because of fears among existing providers about the cost impact. However, during the past five years, Florida succeeded in making a fairly drastic change in its ratios, including moving from 6:1 to 4:1 for infants, without major economic failure among centers. A recently completed study in Florida indicates dramatic improvements in the effects of child care as a result of the change (Howes, Smith, & Galinsky, 1995).

The National Day Care Study (1979) found that there can be great variation in ratios because of the way states measure them. A state with a lower ratio can actually permit more children per staff than a state with a higher ratio, depending on the way in which it is measured. Some of the differences are

- whether the state permits only staff working directly with children to be counted in the ratio;
- whether the state permits flexibility in how centers assign staff in the course of a day that could include combining groups for specialized activities, nap time, staff meeting, with varying numbers of children per staff across the day;
- whether the state permits centers to over-enroll to allow for absenteeism; and
- whether the state requires centers to employ substitutes when regular staff are ill.

Data presented in this paper do not capture these differences, and therefore are not comparative from a research perspective.

The guidance material from American Academy of Pediatrics (AAP) and the American Public Health Association (APHA) recommends the following ratios as best practice:

Age	Child:Staff Ratio
Birth to 12 months	3:1
13 to 24 months	3:1
25 to 30 months	4:1
31 to 35 months	5:1

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Three-year-olds	7:1
Four-year-olds	8:1
Five-year-olds	8:1
Six- to Eight-year-olds	10:1
Nine- to Twelve-year-olds	12:1

Group Size Requirements: Their Effects on Quality

Group size is the number of children allowed in a group. However, states often encounter operational difficulties in defining what a group is. The National Day Care Study called a "group" a number of children and staff assigned to be together throughout the day. This definition would permit more than one group to occupy the same physical space, with appropriate dividers to maintain the identity of the groups. It would not, however, permit a large number of children to occupy a large space and to form and re-form small groups as they choose different activities.

In their recent Health and Safety Standards for Child Care, AAP and APHA define group size as follows: "The number of children assigned to a caregiver or team of caregivers occupying an individual classroom or well-defined space within a larger room."

The overall size of the group of children was found by the National Day Care Study (1979) to have a powerful effect on the quality of a program, but a smaller effect on cost than ratios. For infants, ratios were as important as group size, but for three- and four-year-old children, group size was more important in the quality of care given to the children. In other words, if a group is too large, then adding more staff to it does not improve quality.

The National Child Care Study and more recent studies have found that a deterioration of teacher behavior and other negative effects on quality increases as groups of three- and four-year-old children became larger than 20, and quality improves on a continuum in smaller and smaller group sizes. The study recommended group sizes of 14, 16, or 18, with two caregivers, as having the best trade-off between quality and cost.

The National Association for the Education of Young Children (NAEYC) in its center accreditation program assumes trade-offs between staff qualifications and staffing patterns. More highly trained staff could potentially lead larger groups than less trained staff. The NAEYC-recommended group sizes are the following:

Age	Group Size
Up to 12 months	No larger than 8
12 to 24 months	No larger than 12
24 to 36 months	No larger than 12
Two- to three-year-olds	No larger than 14
Three- to five-year-olds	No larger than 20
School-age	No larger than 24

Although NAEYC accreditation standards are intended as model standards for quality programs, rather than basic standards for licensing all centers, their group size requirements are not considered to be ideal or attainable for ordinary programs. For example, they are larger for three-

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to five-year-olds than the National Child Care Study recommended and larger than the recommendations of the AAP/APHA standards. However, most states, even those without substantial training requirements for staff, have set group size well outside the NAEYC range, if they have group size requirements at all.

Trends and Changes: 1989 to 1996

Below we present some of the changes states have made in child:staff ratio and group size requirements from 1989 to 1996. We first did this analysis in 1995, but after reviewing again in 1996 the state requirements reported to us, we found that there we no changes made in the past year. Attached to this paper is a data table showing the comparison of states for three age groups: nine-month-olds, 18-month-olds, and three-year-olds. We chose these ages to provide a "snapshot" of requirements for infant, toddler, and preschool-age children. Also included are a number of bar graphs showing the changes from the last five years.

More than half the states set a ratio of 4:1 for nine-month-olds: 27 states in 1989 and 28 states in 1996. Three states have ratios lower than 4:1, a figure which has not changed since 1989. Only one state (Idaho) now has a ratio larger than 6:1; in 1989 there were four states. Idaho's ratio is now twice as large as the state with the next largest.

For 18-month-olds, only 26 states have ratios of 5:1 or lower, with no change since 1989. Eight states now have ratios of 8:1 or higher, in contrast to 10 states in 1989. Of these eight with a fairly large child:staff ratio, only two (Alabama and Mississippi) have set a small group size. In 1989, Alabama was the only state with a large ratio that set a small group size.

In 1989, there were 29 states that set a child:staff ratio of 10:1 or lower for three-year-olds. In 1996, 30 states have this same requirement with the addition of Rhode Island.

Despite the strong findings from the National Day Care Study (1979) on the importance of group size for young children, many states do not have group size requirements in their licensing regulations. There appears to be a weak trend for a few more states to add group size requirements, but the change is being made very slowly. Since 1989, four states have begun to regulate group size for nine- and 18-month-olds and six have added this requirement for three-year-olds.

References

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Roupp, R., Travers, J., Glantz, F., & Coelen, C. (1979). *Children at the center: Final report of the National Day Care Study*. Cambridge, MA: Abt Associates, Inc.

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Center Child:Staff Ratios in Licensing: Comparison of 1989 and 1996

STATES	9-month-olds		Change in Requirement?	18-month-olds		Change in Requirement?	3-year-olds		Change in Requirement?
	1989	1996		1989	1996		1989	1996	
Alabama	6:1 6	6:1 6		8:1 8	8:1 8		12:1 12	12:1 12	
Alaska	5:1 NR	5:1 NR		6:1 NR	6:1 NR		10:1 NR	10:1 NR	
Arizona	5:1/11:2 NR	5:1/11:2 NR		6:1/13:2 NR	6:1/13:2 NR		13:1 NR	13:1 NR	
Arkansas	6:1 NR	6:1 NR		9:1 NR	9:1 NR		12:1 NR	12:1 NR	
California	4:1 NR	4:1 NR		4:1 NR	4:1 NR		12:1 NR	12:1/15:2 NR	
Colorado	5:1 10	5:1 10		5:1 10	5:1 10		10:1 NR	10:1 20	✓
Connecticut	4:1 8	4:1 8		4:1 8	4:1 8		10:1 20	10:1 20	
Delaware	4:1 NR	4:1 NR		7:1 NR	7:1 NR		12:1 NR	12:1 NR	
District of Columbia	4:1 8	4:1 8		4:1 8	4:1 8		8:1 16	8:1 16	
Florida	6:1 NR	4:1 NR	✓	8:1 NR	6:1 NR	✓	15:1 NR	15:1 NR	
Georgia	7:1 NR	6:1 12	✓	10:1 NR	8:1 16	✓	15:1 NR	15:1 30	✓
Hawaii	PRH to 2 yrs	4:1* 8	✓	PRH to 2 yrs	6:1* 12	✓	12:1 NR	12:1 NR	
Idaho	12:1 NR	12:1 NR		12:1 NR	12:1 NR		12:1 NR	12:1 NR	
Illinois	4:1 12	4:1 12		5:1 15	5:1 15		10:1 20	10:1 20	
Indiana	4:1 8	5:1 10	✓	5:1 10	5:1 10		10:1 NR	10:1 NR	
Iowa	4:1 NR	4:1 NR		4:1 NR	4:1 NR		8:1 NR	8:1 NR	
Kansas	3:1 9	3:1 9		5:1 10	5:1 10		12:1* 24	12:1* 24	
Kentucky	6:1 NR	5:1 10	✓	6:1 NR	6:1 12	✓	12:1 NR	12:1 24	✓
Louisiana	6:1 NR	6:1 NR		8:1 NR	8:1 NR		14:1 NR	14:1 NR	

Key: NR = Not Regulated; PRH = Prohibited

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STATES	9-month-olds		Change in Requirement?	18-month-olds		Change in Requirement?	3-year-olds		Change in Requirement?
	1989	1996		1989	1996		1989	1996	
Maine	4:1 12	4:1 12		5:1 15	5:1 15		10:1 NR	10:1 NR	
Maryland	3:1 6	3:1 6		3:1 6	3:1 9	✓	10:1 20	10:1 20	
Massachusetts	3:1/7:2 7	3:1/7:2 7		4:1/9:2 9	4:1/9:2 9		10:1* 20	10:1* 20	
Michigan	4:1 NR	4:1 NR		4:1 NR	4:1 NR		10:1 NR	10:1 NR	
Minnesota	4:1 8	4:1 8		7:1 14	7:1 14		10:1 20	10:1 20	
Mississippi	5:1 NR	5:1 10	✓	9:1 NR	9:1 10	✓	14:1 NR	14:1 14	✓
Missouri	4:1 8	4:1 8		4:1 8	4:1 8		10:1 NR	10:1 NR	
Montana	4:1 NR	4:1 NR		4:1 NR	4:1 NR		8:1 NR	8:1 NR	
Nebraska	4:1 NR	4:1 NR		6:1 NR	6:1 NR		10:1 NR	10:1 NR	
Nevada	6:1 NR	6:1 NR		8:1 NR	8:1 NR		13:1 NR	13:1* NR	✓
New Hampshire	4:1 8	4:1 12	✓	5:1 10	5:1 15	✓	8:1* NR	8:1* 24	✓
New Jersey	4:1 20	4:1 20		7:1 20	7:1 20		10:1 20	10:1 20	
New Mexico	5:1 NR	6:1 NR	✓	6:1 NR	6:1 NR		12:1 NR	12:1 NR	
New York	4:1 8	4:1 8		5:1* 10	5:1* 10		7:1* 14	7:1* 14	
North Carolina*	7:1 14	6:1 12	✓	7:1 14	6:1 12	✓	15:1 25	15:1 25	
North Dakota	4:1 NR	4:1 NR		4:1 NR	4:1 NR		7:1 NR	7:1 NR	
Ohio	5:1/12:2* 12	5:1/12:2 12	✓	7:1 14	7:1 14		12:1 24	12:1 24	
Oklahoma	4:1 8	4:1 8		6:1 12	6:1 12		12:1 24	12:1 24	
Oregon	4:1 8	4:1 8		4:1 8	4:1 8		10:1 20	10:1 20	
Pennsylvania	4:1 NR	4:1 8	✓	5:1 NR	5:1 10	✓	10:1 NR	10:1 20	✓

Key: NR = Not Regulated; PRH = Prohibited

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STATES	9-month-olds		Change in Requirement?	18-month-olds		Change in Requirement?	3-year-olds		Change in Requirement?
	1989	1996		1989	1996		1989	1996	
Rhode Island	4:1 4	4:1 8	✓	6:1 6	6:1 12	✓	15:1 15	9:1 18	✓
South Carolina	8:1 NR	6:1 NR	✓	8:1 NR	6:1 NR	✓	15:1 NR	13:1 NR	✓
South Dakota	5:1 20	5:1 20		5:1 20	5:1 20		10:1 20	10:1 20	
Tennessee	5:1 10	5:1 10		7:1 14	7:1 14		10:1 20	10:1 20	
Texas	5:1/12:2 12	5:1/12:2 12		10:1* 18	10:1* 18		17:1* 35	17:1* 35	
Utah	4:1 8	4:1 8		4:1 8	4:1 8		15:1 25	12:1 25	✓
Vermont	4:1 8	4:1 8		4:1 8	4:1 8		10:1 20	10:1 20	
Virginia	4:1 NR	4:1 NR		5:1 NR	5:1 NR		10:1 NR	10:1 NR	
Washington	4:1 8	4:1 8		7:1 14	7:1 14		10:1 20	10:1 20	
West Virginia	4:1 NR	4:1 NR		4:1 NR	4:1 NR		10:1 NR	10:1 NR	
Wisconsin	4:1 8	4:1 8		4:1 8	4:1 8		10:1 20	10:1 20	
Wyoming	5:1 NR	5:1 NR		5:1 NR	5:1 NR		10:1 NR	10:1 NR	

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***Notes:**

Hawaii: Ratios and group size requirements shown in the table are the maximum allowed for infants and toddlers. The state also allows the following:

Age	Maximum Group Size			
	6	8	10	12
6 wks to 12 mths	3:1	4:1		
12 mths to 24 mths	3:1	4:1	5:1	6:1
18 mths to 36 mths			5:1	6:1

Kansas: Ratios and group size requirements shown in table are maximum allowed for these age groups. The state also allows the following:

30 mths to school-age 10:1 with a maximum group size of 20
3 yrs to school-age 12:1 with a maximum group size of 24

Massachusetts: Ratio of 10:1 and group size of 20 applies to three-year-old children attending full-day; ratio of 12:1 and group size of 24 applies to three-year-old children attending part-day.

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Notes, cont.

Nevada: In 1996, center classrooms with children over two years, but under three years are required to have a child:staff ratio of 10:1. Otherwise, the ratios in child care centers are based on the total number of children in care, not the age of the children, as they were in 1989. Requirements for children two-years-old and older in child care centers are as follows:

Total # of Children in Care	Total # of Caregivers Required
1-6	1
7-20	2
21-35	3
36-50	4
51-65	5
66-80	6
81-93	7

For every 13 children above 93, one more caregiver is required. Ratios shown in table were calculated based on the maximum number of children allowed to one caregiver.

New Hampshire: State does not regulate group size for children three-years-old and older, but does require that there be no more than two "groups" in a room. New Hampshire defines a "group" as a staff member and a ratio of children.

New York: Ratios shown in table are the maximum allowed for these age groups. The state also allows the following:

18 mths	4:1 with a maximum group size of 12
3 yrs	6:1 with a maximum group size of 18

North Carolina: Ratios and group size requirements shown in table are for medium and large centers with 30 or more children.

Ohio: In 1989, the state also allowed a group size of 10 for nine-month-olds. The group size requirement shown in table is the maximum allowed for this age group.

Texas: Ratios shown in table are the maximum allowed for these age groups. The state also allows the following:

9:1 for 18-month-olds if four or more are under two years of age; 10:1 if three or fewer are under two years of age

15:1 for 3-year-olds if seven or more are under three years of age; 17:1 if six or fewer are under three years of age

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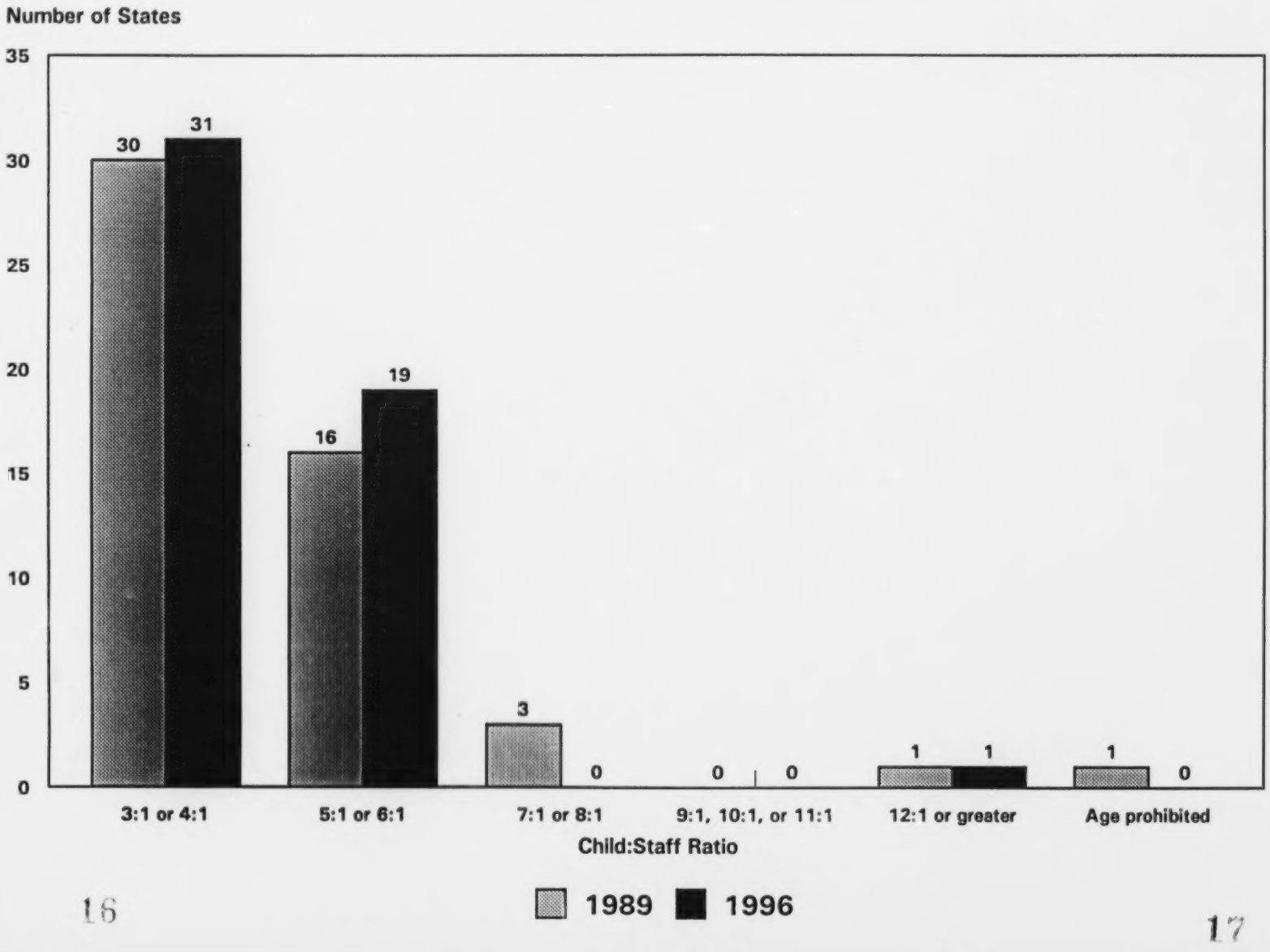
Center Child:Staff Ratios for 9-month-olds
Comparison of 1989 and 1996



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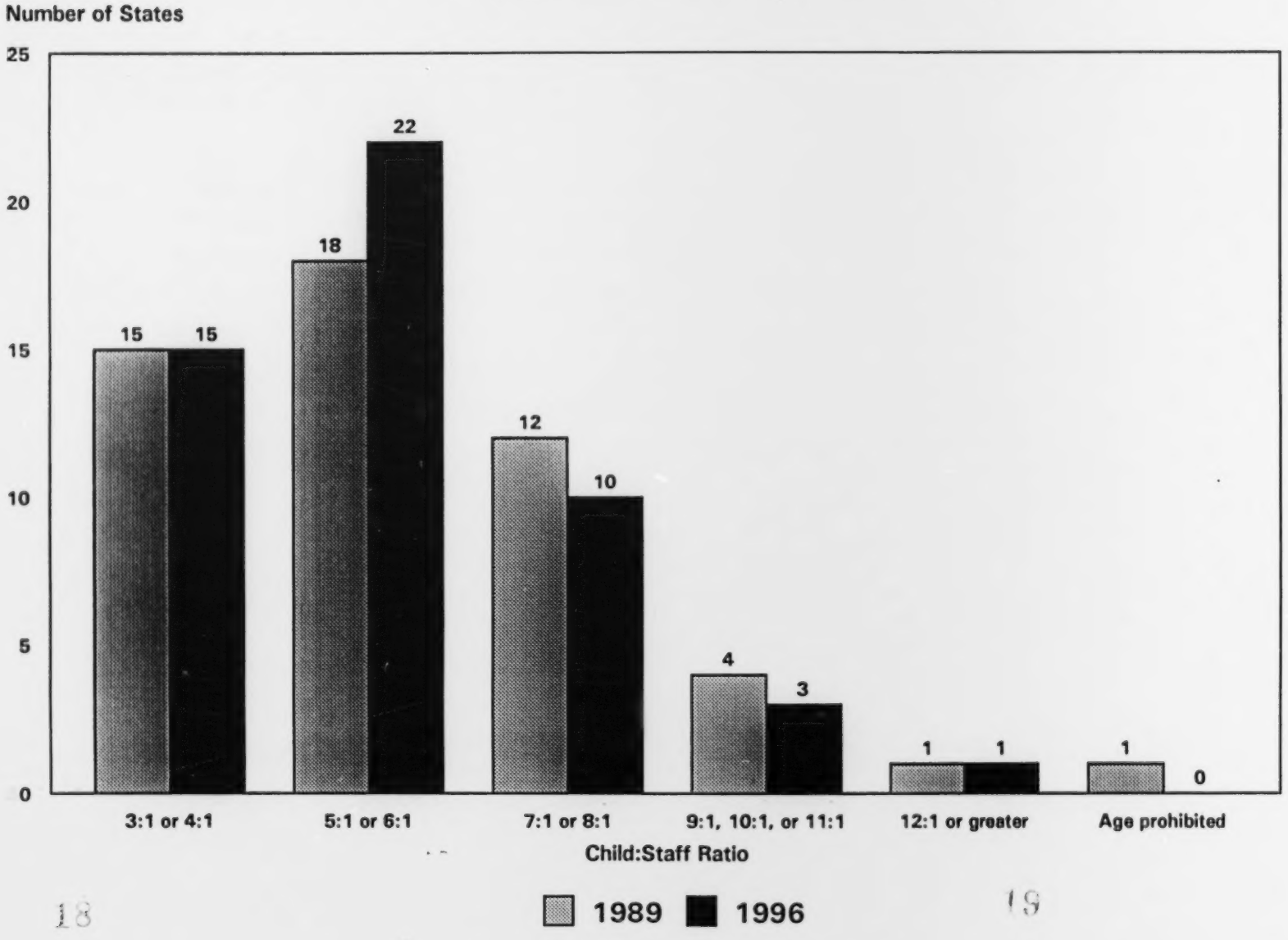
Comparison of 1989 and 1996



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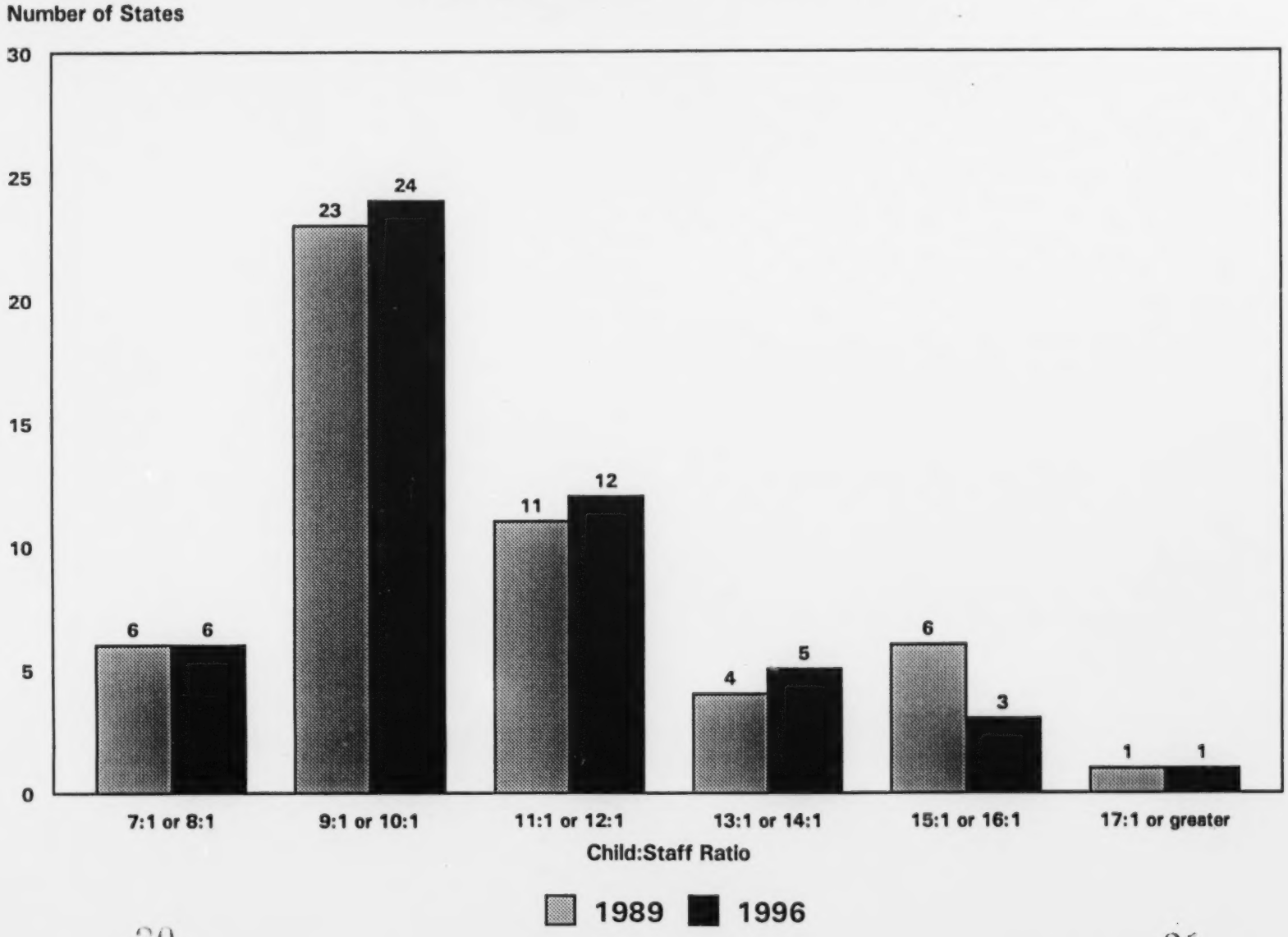
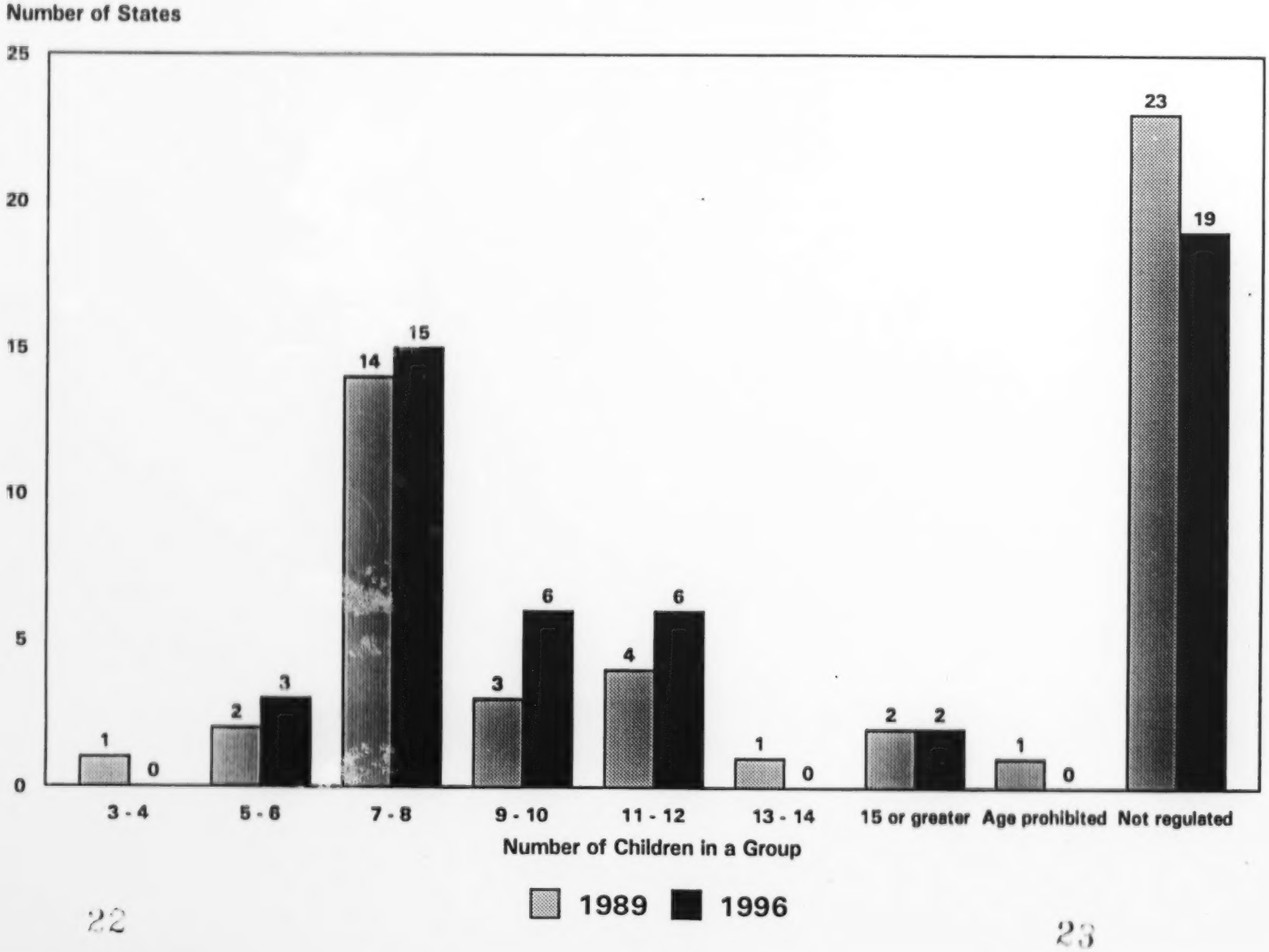
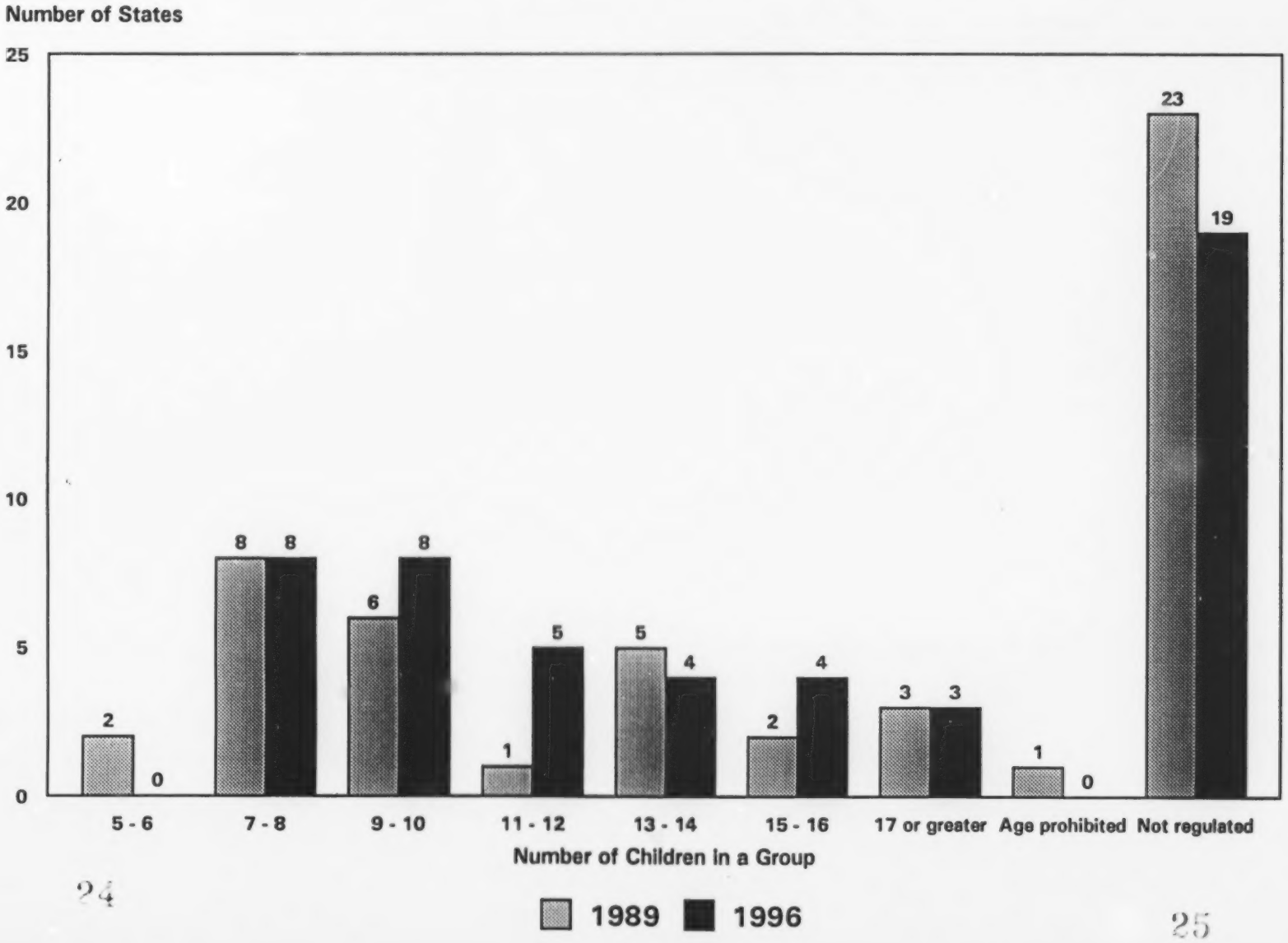
Comparison of 1989 and 1996



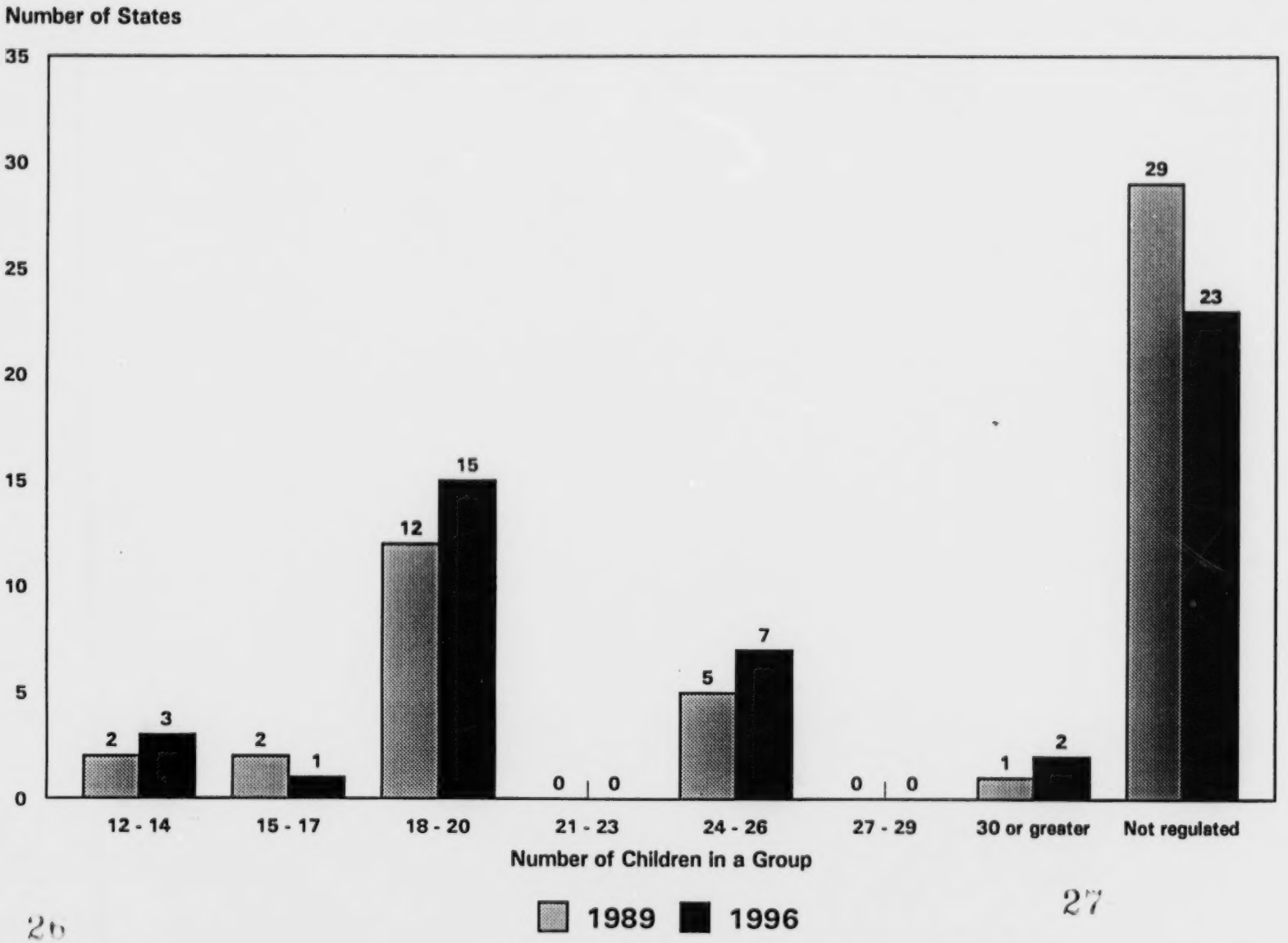
Center Group Size Requirements for 9-month-olds
Comparison of 1989 and 1996



Center Group Size Requirements for 18-month-olds
Comparison of 1989 and 1996



Center Group Size Requirements for 3-year-olds
Comparison of 1989 and 1996



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